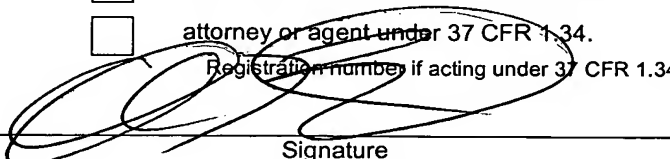


|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>20154/0201085-USO |             |
| Application Number 10/810,491-Conf. #8127   |            | Filed March 26, 2004                                 |             |
| For METHOD FOR MANUFACTURING THROWAWAY TIP AND APPARATUS FOR ALIGNING GREEN COMPACT   |            |  |             |
| Art Unit 1742   |            | Examiner D. J. Jenkins                               |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                              |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60   | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225  | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510  | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795  | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080   | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-0100 . I have enclosed a duplicate copy of this sheet.                            |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.  |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 42,899   |            |  |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |  |             |
| Registration number if acting under 37 CFR 1.34   |            |  |             |
| <br>Signature  |            | December 23, 2005<br>Date                            |             |
| Chris T. Mizumoto<br>Typed or printed name  |            | (212) 527-7700<br>Telephone Number                   |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |  |             |

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